
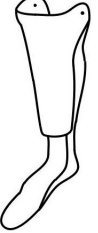




LOAD REDUCTION AFO

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
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Step 1: Device Type

L B R LOAD SHIFTER AFO	L B R PTB AFO	L B R FRACTURE AFO	L B R NEUROPATHIC AFO
Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> To Sulcus  <input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is Full Length	Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> To Sulcus  <input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is Full Length	Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal heads <input type="checkbox"/> To Sulcus  <input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is Full Length	

Straps and pads included, but not shown above. Check back of form for material specifications. Plastic will be selected based on patient weight.

Step 2: Modifications and Additions

Primary Color or Transfer Pattern: Natural Black Blue Pink US Flag Forest Camo Other

ANKLE AND REARFOOT	ANKLE AND REARFOOT	MIDFOOT	FOREFOOT
L B R Do Not Change Ankle* Or Change to _____ L B R Do Not Change Rearfoot* Or Change to _____ L B R Posted	L B R Medial Wedge Height or Angle _____ L B R Lateral Wedge Height or Angle _____ L B R Posterior Wedge Height or Angle _____	L B R Increase Arch Height L B R Decrease Arch Height L B R Navicular Relief L B R Cuboid Relief	L B R Do Not Change* Or Change to _____ L B R Metatarsal Pad Small Medium Large

*Ankle, rearfoot, and forefoot correction to neutral is standard.

Step 3: Order Notes and Special Requests

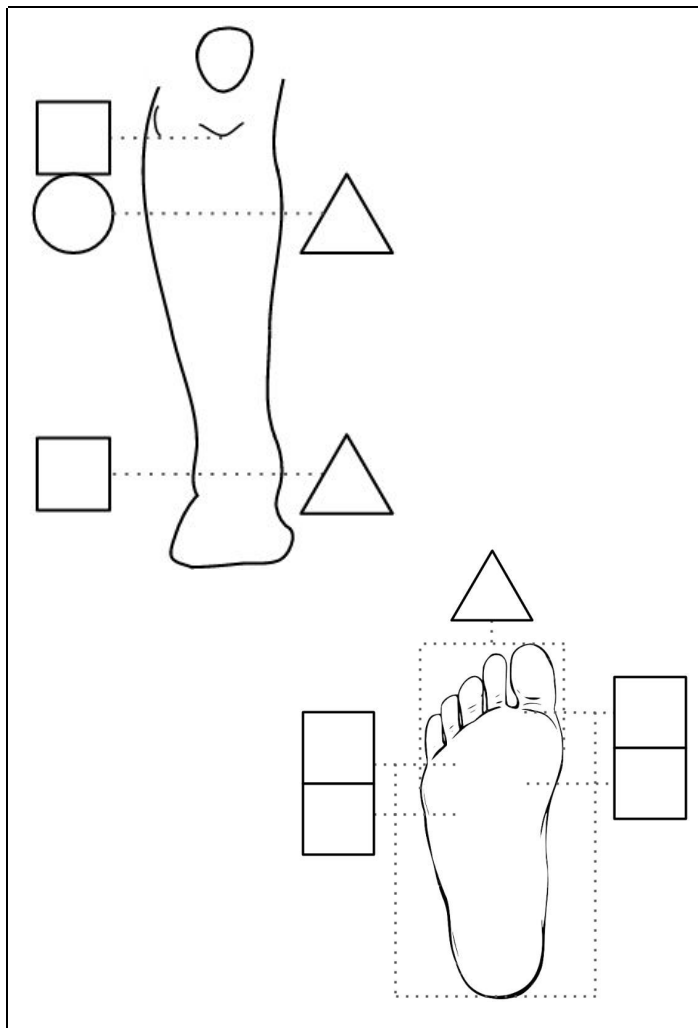


RECEIVED DATE	COMPLETED DATE

LOAD REDUCTION AFO

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



Material Specifications

Call with questions or for other material options.
Warranty information available at www.AODCFAB.com

LOAD SHIFTER AFO

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Padded Footplate *optional*
- 35 Durometer Proximal Lining
- 25 Durometer EVA Malleolar and Arch Padding

PTB AFO

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Padded Footplate *optional*
- 35 Durometer Proximal Lining
- 25 Durometer EVA Malleolar and Arch Padding

FRACTURE AFO

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Padded Footplate *optional*
- 25 Durometer EVA Malleolar and Arch Padding

NEUROPATHIC AFO

- Polypropylene Homopolymer Shell
- 25 Durometer EVA Lining
- 25 & 35 Durometer EVA Removable Insole
- 55 Durometer EVA + SBR Outsole Walking Bottom

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS